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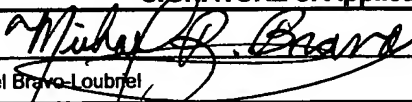
Application Number	10/737145
Filing Date	12/15/2003
First Named Inventor	Michael Bravo -Loubriel
Art Unit	3751
Examiner Name	Peter T. Devore
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.☒ A Power of Attorney is submitted herewith.**OR**☐ I hereby appoint the practitioners associated with the Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature				4/12/06
Name	Michael Bravo-Loubriel			
Date	4/12/06	Telephone	(787) 272-4062	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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